Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08)

Approved for use through 11/30/2011. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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EQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF ORRESPONDENCE ADDRESS

Application Number	10/772,367	
Filing Date	February 6, 2004	
First Named Inventor	Michelle L. Woodruff	
Art Unit		
Examiner Name		
Attorney Docket Number	24,250.00	

To: Commissioner for Patents	Patent No.	6,925,967			
P.O. Box 1450 Alexandria, VA 22313-1450	Issue Date	August 9, 2005			
Please withdraw me as attorney or agent for the abo	ve identified patent application,	, and			
✓ all the practitioners of record;					
the practitioners (with registration numbers) of record listed on the attached paper(s); or					
the practitioners of record associated with C	ustomer Number:				
NOTE: The immediately preceding box should only Customer Number.	be marked when the practition	ers were appointed using the listed			
The reason(s) for this request are those described	in 37 CFR :				
10.40(b)(1) 10.40(b)(2)	10.40(b)(3)	10.40(b)(4)			
10.40(c)(1)(i) 10.40(c)(1)(ii)	10.40(c)(1)(i	iii) 10.40(c)(1)(iv)			
10.40(c)(1)(v) 10.40(c)(1)(vi	10.40(c)(2)	10.40(c)(3)			
10.40(c)(4) 10.40(c)(5)	10.40(c)(6) F	Please explain below:			
First named inventor recently paid the Patent patent, thus indicating that she no longer feel					
		•			
	Certifications				
Check each box below that is factually corre		ft unchecked, the request will likely not			
be approved.					
I/We have given reasonable notice to practitioner(s) intend to withdraw from employments.					
2. [I/We have delivered to the client or a (including funds) to which the client is entitled.	duly authorized representat	ive of the client all papers and property			
3. I/We have notified the client of any re client must respond.	sponses that may be due ar	nd the time frame within which the			
Please provide an explanation, if necessary:					
•					

[Page 1 of 2]
This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

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		tion only when the co has properly made itself				s of address will only be accepted to	an
Change the	e corresponder	nce address and direc	t all future corres	pondence t	o :		
AThe	e address of the	e inventor or assignee	e associated with	Customer I	Number:		
OR							
	entor or signee name	Michelle L. Woodre	uff				
Address	61 East Broa	ad Street					
City Titus	ville	State FL		Zip 32790	6	Country U.S.	
Telephone	321-383-	9585	Em	ail			
I am autho	orized to sign	on behalf of myself	and all withdra	wing pract	titioners.		
Signature	Nicho	ad Chil					
Name	Richard C.	Litman			Registration	No. 30,868	
Address	Litman Law (Offices, 3717 Colun	nbia Pike				
City Arlin	gton	State VA		Zip 2220	14	Country U.S.	
Date	May 8, 2009	9		Telephon	e No. 703-4	86-1000	
NOTE: Witho	Irawal is effecti	ve when approved rath	er than when rece	eived.			

[Page 2 of 2]

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Doc	Code:	PET.POA	.WDRV
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Document Description: Petition to withdraw attorney or agent (SB83)

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AND CHANGE OF CORRESPONDENCE ADDRESS

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	Application Number	10/772,367
EQUEST FOR WITHDRAWAL	Filing Date	February 6, 2004
AS ATTORNEY OR AGENT	First Named Inventor	Michelle L. Woodruff
AND CHANGE OF	Art Unit	
ORRESPONDENCE ADDRESS	Examiner Name	
	Attorney Docket Number	24,250.00

To: Commissioner for Patents	Patent No.	6,925,967
P.O. Box 1450	Issue Date	August 9, 2005
Alexandria, VA 22313-1450		·
Please withdraw me as attorney or agent for the above	ve identified patent application,	and
all the practitioners of record;		
the practitioners (with registration numbers) of	of record listed on the attached	paper(s); or
the practitioners of record associated with Co	ustomer Number:	
NOTE: The immediately preceding box should only Customer Number.	be marked when the practitions	ers were appointed using the listed
The reason(s) for this request are those described	in 37 CFR :	
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10.40(c)(1)(v) 10.40(c)(1)(v)	=	10.40(c)(3)
10.40(c)(4) 10.40(c)(5)		Please explain below:
	<u> </u>	
First named inventor recently paid the Patent	Office directly the first main	tenance fee due as to her above
patent, thus indicating that she no longer feel	s the need for the services of	of this attorney.
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	Certifications	
Check each box below that is factually corre	ect. WARNING: If a box is le	ft unchecked, the request will likely not
be approved.		
1.	the client prior to the expira	ation of the response period, that the
practitioner(s) intend to withdraw from employn		
2. I/We have delivered to the client or a (including funds) to which the client is entitled.	duly authorized representa	tive of the client all papers and property
3. 1/We have notified the client of any reclient must respond.	esponses that may be due a	nd the time frame within which the
Please provide an explanation, if necessary:		
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[Page 1 of 2]

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Change the	correspondence ac	ddress and direct all future c	correspor	ndence to) :		
A. The	address of the inve	entor or assignee associated	d with Cu	ustomer N	Number:		
OR							
	entor or signee name Mich	helle L. Woodruff	-				
Address	61 East Broad St	reet					
City Titus	ville	State FL	Zi	ip 32796	3		Country U.S.
Telephone	321-383-9585		Email				
I am autho	orized to sign on b	pehalf of myself and all wi	ithdrawi	ng pract	itioners.		
Signature	Nichard	D(lul			_		
Name	Richard C. Litma	an			Registration	1 No. 3(0,868
Address	Litman Law Office	es, 3717 Columbia Pike			•		
City Arlin	gton	State VA	Z	ip 2220	4	Count	try U.S.
Date	May 8, 2009		1	Telephon	e No. 703-	486-100	00
NOTE: Witho	drawal is effective wl	hen approved rather than whe	en receiv	ed.		·- <u>-</u> -	

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	Application Number	10/772,367	$\overline{}$
(MAY 0 8 1009 REQUEST FOR WITHDRAWAL	- Filing Date	February 6, 2004	
AS ATTORNEY OR AGENT	First Named Inventor	Michelle L. Woodruff	

AND CHANGE OF CORRESPONDENCE ADDRESS

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Application Number	10/772,367	
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First Named Inventor	Michelle L. Woodruff	
Art Unit		
Examiner Name		
Attorney Docket Number	24,250.00	

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Patent No. Issue Date	6,925,967 August 9, 2005
Please withdraw me as attorney or agent for the	e above identified patent applica	tion, and
all the practitioners of record;		ļ
the practitioners (with registration numb	pers) of record listed on the attac	hed paper(s); or
the practitioners of record associated w	vith Customer Number:	
NOTE: The immediately preceding box should Customer Number.	only be marked when the practi	tioners were appointed using the listed
The reason(s) for this request are those desc	cribed in 37 CFR:	
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10.40(c)(4) 10.40(c)	c)(5) 10.40(c)(6) Please explain below:
First named inventor recently paid the P patent, thus indicating that she no longe	atent Office directly the first ner feels the need for the service	naintenance fee due as to her above es of this attorney.
	Certifications	
Check each box below that is factually be approved.	correct. WARNING: If a box i	is left unchecked, the request will likely not
I/We have given reasonable noti practitioner(s) intend to withdraw from em		xpiration of the response period, that the
2. I/We have delivered to the clien (including funds) to which the client is ent		entative of the client all papers and property
3. 1/We have notified the client of a client must respond.	any responses that may be do	ue and the time frame within which the
Please provide an explanation, if necessar	ary:	
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[Page 1 of 2]

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eventor or	the following section an assignee that has p	only when the correspondence of records and a second correct of the corresponding correct of the co	ondence address will change. Cl ord pursuant to 37 CFR 3.71.	hanges of address will only be accepted to an
Change th	e correspondence	address and direct all f	uture correspondence to:	
A. Th	ne address of the inv	ventor or assignee ass	ociated with Customer Number	
OR		·		
- 1./	ventor or ssignee name	chelle L. Woodruff		
Address	61 East Broad S	Street	_	
City Titus	sville	State FL	Zip 32796	Country U.S.
Telephone	321-383-958	5	Email	
	animad to aims an	behalf of myself and	all withdrawing practitioner	s.
I am auth	norizea to sign on			
	1 // /	PChil		
I am auth Signature Name	1//	PChil	Regist	tration No. 30,868
Signature Name	Richard C. Litr	PChil		tration No. 30,868
Signature Name	Richard C. Litr	DC lud		tration No. 30,868 Country U.S.

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